

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*10/539,258*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1				51						
2	1		1				52						
3	2		2				53						
4	2		2				54						
5	2		2				55						
6	1		2				56						
7	1		2				57						
8	1		2				58						
9	1		2				59						
10	1		2				60						
11	1		1				61						
12	1		1				62						
13	1		1				63						
14	2		2				64						
15	1		1				65						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2										
TOTAL DEP.	18		23										
TOTAL CLAIMS	20		25										